

MORTGAGE BROKER COMPANY APPLICATION

FORM MU1 UNIFORM MORTGAGE LENDER/MORTGAGE BROKER APPLICATION JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE

Use the “MB” boxes on the *form MU1* to apply for a WA Mortgage Broker license. Along with the *form MU1*, send the following to the WA Department of Financial Institutions (DFI). Use your company’s letterhead to provide information for items 3, 4, 6, and 7 below. Please leave at least 2” from the top of the page before typing the information labeled by item number. Documents and forms referenced by *italics* below are available from our website at <http://www.dfi.wa.gov/cs/mortgage.htm> for your convenience.

1. FEE – Make your check payable to the “Washington State Treasurer.” Clip it (no staples) to the top of the application package.
 - a. Initial License Applications: \$371.60 deposit toward time spent processing the application
 - b. “Renewals:” \$530.86 per location is the Annual Assessment fee
 - c. Amendments: no fee required
 - d. Closures: Annual Assessment fee must be brought current
2. FINANCIAL RESPONSIBILITY – Submit the *Calculation of Average Number of Loan Originators* form to determine the minimum surety amount pursuant to WAC 208-660-080. Choose one of these alternatives and send the original document with your application package:
 - a. *Surety Bond to Operate Mortgage Broker Business (W-2)* – with two original signatures, surety seal, and attached power of attorney. (This bond does not cover independent contractor loan originators.)
 - b. *Surety Bond to Operate Mortgage Broker Business with Independent Contractor (1099)* – with two original signatures, surety seal, and attached power of attorney. (also see #8c) (This bond covers both employee and independent contractor loan originators.)
 - c. *Assignment of Account or Time Deposit* – with original signatures and bank’s portion notarized.
 - d. Irrevocable Letter of Credit – Review WAC 208-660-08005 carefully and contact your bank to obtain an irrevocable letter of credit. Your bank may choose to fax draft language to DFI for approval, prior to final signatures – please phone our office (see #9) before faxing such a draft.
3. WA STATE PRE-REQUISITE LICENSE(S) – Type your WA State UBI number on your letterhead:
 - a. Contact the Washington State Department of Licensing (DOL) at (360)902-3600 or online at www.dol.wa.gov to apply for your Washington State Master Business License which will display your Unified Business Identifier (UBI) number. A copy of this document is **not** required with your application package. DFI will verify information directly with DOL.
 - b. If a corporation, partnership, or LLC, please contact the Washington Secretary of State (SOS) Division of Corporations at (360)753-7115 or online at www.secstate.wa.gov to register your company. A copy of this document is **not** required with your WA application (even though the Form MU1 instructions do say to attach it). DFI will verify information directly with SOS.
4. REGISTERED AGENT – On your letterhead, provide the name, address, phone number, social security number, and date of birth of the individual named as registered agent.
 - a. If your office is outside the borders of Washington State, you **must** maintain a registered agent inside Washington.
 - b. If your office is within the borders of Washington State, the use of a registered agent is **optional** (your office staff may serve as registered agent). If your company has used a registered agent when filing with DOL or SOS, please provide DFI with information about **that** registered agent.

5. TRUST ACCOUNTING – Choose one of these forms and send the original document with your application package. Review *RCW 19.146.050* and *WAC 208-660-08010* through *-08040* carefully!

Do you intend to accept borrowers' funds to pay for third party services?

- a. If no, you NEVER (not even reimbursement at closing) intend to accept monies from borrowers or on behalf of borrowers for the payment of third party service providers, you may complete the *Alternative Certificate of Compliance* form. (Use this form if you don't want to open a trust account.)
 - b. If yes, use a *Certificate of Compliance and Authorization to Examine Trust Accounts* form to report each trust account you'll use with WA loans. The trust account(s) must be located at a federally insured depository institution in Washington State. You'll complete the top portion of the form, have the bank complete the bottom portion and notarize it.
 - You may not deposit your own funds into the trust account, not even to open the account. The trust account should be a non-interest-bearing account. Bank charges for maintenance of the trust account (eg: monthly service fees, check printing fees, etc) should be withdrawn from your general operations account, not from the trust account.
 - If your bank won't open a zero-balance trust account, provide a statement on your letterhead indicating that no deposits have been or will be accepted from borrowers until a license is issued. After your license is issued, and upon receipt of any customer funds, you must immediately establish a trust account and forward the *Certificate of Compliance and Authorization to Examine Trust Accounts* form to the DFI. DFI may issue a conditional interim license contingent upon receipt of the trust certificate within a specified time frame.
6. DESIGNATED BROKER – On your letterhead, tell us who will be your “Designated Broker” (DB), and what date they passed the test? Attach copies (not originals) of documentation to satisfy part (6c) either (i) or (ii) below.
- a. Your DB must be on-site at your main licensed location for serving WA consumers; **and**
 - b. Your DB must **have passed** the written test administered at DFI's offices (see *Exam Test Schedule and Registration* form) **and**
 - c. Your DB must **either**
 - (i) Complete an approved course of education (online click the *Education & Testing* link for a list of approved schools and attach certificate) **or**
 - (ii) Prove 2 years of experience in the residential mortgage loan industry. Acceptable proof includes W-2 or 1099 forms, or a letter from wholesale lender (not employer) to whom DB has submitted satisfactory loan packages stating such experience exists.
 - d. List your DB on *Schedule A* as a “control person” and have your DB file a *form MU2*.
7. CONTROL PERSONS – File a *form MU2* for each other individual listed on *Schedule A* as a “control person.” DFI will conduct a background investigation on each of these people, and may require fingerprint cards during the course of the investigation. Be prepared to promptly respond to DFI's request(s) as needed.
8. LOAN OFFICERS – Answer these questions on your letterhead:
- a. Will any of your loan originators be compensated as Independent Contractors (IRS form 1099)?
 - b. For each 1099 Independent Contractor loan originator, provide a copy of the signed *Independent Contractor Agreement*. If you prefer, you may file a signed copy of your own contract satisfying the requirements of *RCW 19.146.200* instead of using DFI's form. (see #2b)
9. STILL NEED HELP? Contact DFI's Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to DCS@dfi.wa.gov for additional assistance.
10. DELIVERY – Keep copies of everything, and send original *Form MU1* and all attachments to:

Via US Postal Service

Dept of Financial Institutions
Division of Consumer Services
PO Box 41200
Olympia WA 98504-1200

Via other couriers (eg: FedEx, UPS, etc)

Dept of Financial Institutions
Division of Consumer Services
150 Israel Rd SW
Tumwater WA 98501

UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM

FORM MU1 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU1 is the Uniform Mortgage Lender/Mortgage Broker business Application. Any *applicant* for a Mortgage Lender or a Mortgage Broker business license may apply to *jurisdictions* that have adopted the Uniform Application using Form MU1. An *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction-specific* requirements.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information as required in each applicable *jurisdiction* by submitting amendments using Form MU1. Only complete the information that is being amended as well as the name of the *applicant* and circle the item being amended. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU1.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CLOSE** – When an *applicant* decides to cease operations under the license/registration, use the Form MU1 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 1A, J, and K. Surrender the original license/registration document (if any was issued) to the *jurisdiction(s)*. Consult each *jurisdiction* concerning additional specific requirements at surrender/closure.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. A fully completed Form MU1 is required to be submitted to each *jurisdiction* when the *applicant* is filing for the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements, including applicable fees.
 - B. The Execution section must include notarized original manual signature, for the initial Form MU1 filing.
 - C. Type all information.
 - D. Use only the current version of Form MU1 and its Schedules or a reproduction of them.
2. **ATTACHMENTS** – Provide the following:
 - A. Schedules A, B, and C – File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
 - B. File a Form MU2 for each **individual** designated on Schedule A or C as a "control person".
 - C. Enclose a Certificate of Good Standing from the Secretary of State or similar state authority for the state where the *applicant* obtained its legal status listed in Item 3C and for the *jurisdiction(s)* for which the *applicant* is applying.
 - D. If the applicant is a partnership of any form, enclose a copy of the partnership agreement.
 - E. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s). Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
 - F. The name, full delivery address, and telephone number of the registered agent for service of legal process. Consult the *jurisdiction(s)* to determine if the registered agent is required to be located within the *jurisdiction(s)* in which you are applying.
 - G. Depending on the *jurisdiction*, individual(s) originating or soliciting to originate mortgage loans at the business may need to file a Form MU4. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
 - H. Depending on the *jurisdiction*, branch offices may need to complete a Form MU3. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
3. **FINANCIAL RESPONSIBILITY** – Consult each *jurisdiction* in which the *applicant* is applying to determine requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other requirements.
4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU1

1. GENERAL

APPLICANT – The mortgage lender or mortgage broker applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual named in Item 1A or in Schedules A, B or C that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. FOR THE PURPOSE OF ITEM 8

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

CONTROL AFFILIATE – A *person* named in Item 1A or in Schedules A, B or C as a *control person* or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM MU1	UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM		MORTGAGE BROKER <input type="checkbox"/>
	Date of Filing: _____ Effective Date: _____		MORTGAGE LENDER <input type="checkbox"/>
			MORTGAGE SERVICER <input type="checkbox"/>

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.
INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION ☐ SURRENDER ☐ AMENDMENT ☐ *To amend, circle item(s) being amended.*

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full name of *applicant*:
(if sole proprietor, provide last, first and middle name)

C. (1) Name under which business primarily is or will be conducted, if different from Item 1A.

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which they are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

B. IRS Employer Identification Number
(Social Security No is allowed for sole proprietorship)

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the
☐ *applicant* name (1A) or ☐ business name (1C): _____

E. Main address: (Do not use a P.O. Box)

Number and Street	City	State/Country	Zip+4/Postal Code
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F. Mailing address, if different:

PO Box or Number and Street	City	State/Country	Zip+4/Postal Code
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G. Telephone Numbers and Website address:

Business phone

Area Code	Telephone Number
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website address #1

Fax line

Area Code	Telephone Number
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website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices or other business locations?
☐ YES ☐ NO (In certain *jurisdictions*, branch offices or other business locations must be reported or approved. Use Form MU3.)

I. Contact Employee:

Name and Title	Area Code Telephone Number
Number and Street	City State/Country Zip+4/Postal Code
E-mail Address	Fax Number

J. Employee authorized to respond to consumer complaints:

Name and Title	Area Code Telephone Number
Number and Street	City State/Country Zip+4/Postal Code
E-mail Address	Fax Number

K. Physical address of location where the official books and records of the *applicant* will be kept. Consult each *jurisdiction* for specific records retention requirements.

Organization Name (if different from <i>applicant</i>) or Records Custodian Name	Area Code Telephone Number
Number and Street	City State/Country Zip+4/Postal Code

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)

Subscribed & Sworn before me

Notary seal here

Signature of authorized party

Print Notary Public name

on this _____ day of _____, _____ at _____

Month Year State County

Notary Public Signature

Title

Print authorized party name

Notary Appointment Expires (MM/DD/YYYY)

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

2. Enter appropriate number in the box(es) for each *jurisdiction*:
Enter "1" if *applicant is newly applying* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).
Enter "2" if *applicant has a pending application* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).
Enter "3" if *applicant is already licensed/registered* in that *jurisdiction* as a mortgage lender (ML) and/or mortgage broker (MB).

	ML	MB		ML	MB		ML	MB		ML	MB
Alabama			Idaho			Montana			Rhode Island		
Alaska			Illinois			Nebraska			South Carolina		
Arizona			Indiana			Nevada			South Dakota		
Arkansas			Iowa			New Hampshire			Tennessee		
California – DOC			Kansas			New Jersey			Texas – OCCC		
California – DRE			Kentucky			New Mexico			Texas – SML		
Colorado			Louisiana			New York			Utah		
Connecticut			Maine			North Carolina			Vermont		
Delaware			Maryland			North Dakota			Virginia		
District of Columbia			Massachusetts			Ohio			Washington		
Florida			Michigan			Oklahoma			West Virginia		
Georgia			Minnesota			Oregon			Wisconsin		
Guam			Mississippi			Pennsylvania			Wyoming		
Hawaii			Missouri			Puerto Rico					

3. A. Indicate legal status of *applicant*.
☐ Corporation ☐ Sole Proprietorship ☐ Other (*specify*) _____
☐ Partnership ☐ Limited Liability Company
- B. *Applicant's* fiscal year end (MM/DD): _____
- C. If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):
State/Country of formation: _____ Date of formation (MM/DD/YYYY): _____
- D. If *applicant* is a publicly traded corporation, please insert stock symbol: _____

4. A. Directly or indirectly, does *applicant control*, is *applicant controlled by*, or is *applicant* under common control with, any person that is engaged in the business of a mortgage lender or mortgage broker? *If no, go to 4B.* YES ☐ NO ☐
(check only one for each relationship, attach additional copies as needed)

This Partnership, Corporation, or Organization _____
Partnership, Corporation, or Organization Name

☐ controls *applicant* ☐ is controlled by *applicant* ☐ is under common control with *applicant*

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

- B. Directly or indirectly, is *applicant controlled by* any of the following? *If no, go to 5.* YES ☐ NO ☐

☐ Bank Holding Company ☐ National Bank ☐ State Member Bank of the Federal Reserve System
☐ State Non-Member Bank ☐ Savings Association/Savings Bank ☐ Credit Union ☐ Foreign Bank ☐ Thrift Holding Company

Financial Institution Name

Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary.

Schedule A and, if applicable, Schedule B must be completed as part of all initial applications.
Amendments to schedules A and B must be provided on Schedule C as changes occur.

Applicant full legal name: _____

<p>5. Check type(s) of mortgage related business engaged in (or to be engaged in, if not yet active) by <i>applicant</i>.</p> <p>A. First mortgage loans</p> <p>B. Second mortgage loans</p> <p>C. Home equity loans, including lines of credit</p> <p>D. Loans guaranteed by the Federal Housing Administration (FHA)</p> <p>E. Loans guaranteed by the Veterans Administration (VA)</p> <p>F. Reverse mortgage loans</p> <p>G. High cost home loans (refer to various state definitions of covered transactions)</p> <p>H. Mortgage Servicing</p> <p>I. Other mortgage products and services (If "yes", briefly describe below)</p> <p>J. Credit insurance</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>6. Will <i>applicant</i> engage in any non-mortgage-related business?</p> <p>If "yes" briefly describe. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>7. Will <i>applicant</i> occupy or share space with any <i>person(s)</i> engaged in <i>financial services-related</i> activity? If "yes," provide the name(s) of the other <i>person(s)</i>. _____</p>	<p>YES</p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p>
<p>8. If the answer to any of the following is "YES", provide complete details of all events or <i>proceedings</i> in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. Remember to file updates of these disclosures as needed.</p>		
<p style="text-align: center;">Criminal Disclosure</p> <p>A. Has the <i>applicant</i> or a <i>control affiliate</i> ever:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i>?</p> <p>(2) been <i>charged</i> with any <i>felony</i>?</p> <p>B. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i>:</p> <p>(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services or a financial services-related business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?</i></p> <p>(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 8B(1)?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Regulatory Action Disclosure</p> <p>C. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:</p> <p>(1) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have made a false statement or omission or been dishonest, unfair or unethical?</p> <p>(2) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?</p> <p>(3) <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?</p> <p>(4) entered an <i>order</i> against the <i>applicant</i> or a <i>control affiliate</i> in connection with a <i>financial services-related</i> activity?</p> <p>(5) denied, suspended, or revoked the <i>applicant's</i> or a <i>control affiliate's</i> registration or license or otherwise, by <i>order</i>, prevented it from associating with a <i>financial services-related</i> business or restricted its activities?</p> <p>D. Has the <i>applicant's</i> or a <i>control affiliate's</i> authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?</p> <p>E. Is the <i>applicant</i> or a <i>control affiliate</i> now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 8C?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Civil Judicial Disclosure</p> <p>F. (1) Has any domestic or foreign court:</p> <p>(a) in the past ten years <i>enjoined</i> the <i>applicant</i> or a <i>control affiliate</i> in connection with any <i>financial services-related</i> activity?</p> <p>(b) ever <i>found</i> the <i>applicant</i> or a <i>control affiliate</i> was <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?</p> <p>(c) ever dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against the <i>applicant</i> or <i>control affiliate</i> by a State or <i>foreign financial regulatory authority</i>?</p> <p>(2) Is the <i>applicant</i> or a <i>control affiliate</i> named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 8F(1)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p style="text-align: center;">Financial Disclosure</p> <p>G. In the past ten years has the <i>applicant</i> or a <i>control affiliate</i> been a mortgage lender or a mortgage broker or a <i>control affiliate</i> of a mortgage lender or a mortgage broker that has been the subject of a bankruptcy petition?</p> <p>H. Has a bonding company ever denied, paid out on, or revoked a bond for the <i>applicant</i>?</p> <p>I. Does the <i>applicant</i> have any unsatisfied judgments or liens against it?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<div>Schedule A</div> <div>DIRECT OWNERS AND EXECUTIVE OFFICERS</div> <div>(Answer for Form MU1 Item 4)</div>	<div>Applicant full legal name: _____</div> <div>Date: _____</div>				
<div>1. Use Schedule A only in new applications to provide information on the direct owners and executive officers of the <i>applicant</i>. Use Schedule B in new applications to provide information on indirect owners. File all amendments on Schedule C. Complete each column.</div>					
<div>2. List below the names of:</div> <div><div>(a) each <i>control person</i> and executive officer, including Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, Director, and individuals with similar status or functions;</div><div>(b) in the case of an <i>applicant</i> that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, unless the <i>applicant</i> is a publicly traded company;</div><div>Direct owners include any <i>person</i> that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the <i>applicant</i>. For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</div><div>(c) in the case of an <i>applicant</i> that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;</div><div>(d) in the case of a trust that directly owns 10% or more of a class of a voting security of the <i>applicant</i>, or that has the right to receive upon dissolution, or have contributed, 10% or more of the <i>applicant's</i> capital, the trust and each trustee;</div><div>(e) in the case of an <i>applicant</i> that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 10% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and</div><div>(f) in certain <i>jurisdictions</i>, other required <i>persons</i>, including "qualified <i>persons</i>" or branch supervisors. Consult the <i>jurisdiction(s)</i> in which the <i>applicant</i> is applying for details.</div></div>					
<div>3. Are there any indirect owners of the <i>applicant</i> required to be reported on Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
<div>4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).</div>					
<div>5. (a) In the "Control Person" column, enter "Yes" if the <i>person</i> has "<i>control</i>" as defined in the instructions to this form, and "No" if the <i>person</i> does not have <i>control</i>. Note that under this definition, most executive officers and all 10% owners, general partners, and trustees would be "<i>control persons</i>". For each "Yes" response, submit Control Persons Information on form MU2.</div> <div>(b) In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".</div>					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership	Control Person	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

<div>Schedule B INDIRECT OWNERS (Answer for Form MU1 Item 4)</div>	Applicant full legal name: _____				
	Date: _____				
1. Use Schedule B only in new applications to provide information on the indirect owners of the <i>applicant</i> . Use Schedule A in new applications to provide information on direct owners. File all amendments on Schedule C. Complete each column.					
2. With respect to each owner listed on Schedule A, (except individual owners), list below: <div>(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation; For purposes of this Schedule, a <i>person</i> beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.</div> <div>(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;</div> <div>(d) in the case of an owner that is a trust, the trust and each trustee; and</div> <div>(e) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.</div>					
3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.					
4. Complete the "Status" column by entering status as a partner, trustee, shareholder, etc. and if shareholder, class of securities owned (if more than one is issued).					
5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".					
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

<div><div>Schedule C</div><div>AMENDMENTS TO SCHEDULES A & B</div><div>(Amendments to answers for Form MU1 Item 4)</div></div>	<div>Applicant full legal name: _____</div> <div>Effective Date: _____</div>					
1. This Schedule is used to amend Schedules A and B of Form MU1. Refer to those schedules for specific instructions for completing this Schedule C. Complete each column.						
2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same <i>person</i>).						
3. List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Title or Status	% Ownership	Control Person	Publicly Traded	S.S. No., IRS Tax No. or Employer ID
4. List below all changes to Schedule B (INDIRECT OWNERS):						
FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

UNIFORM MORTGAGE CONTROL PERSONS INFORMATION

FORM MU2 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

8. **FILING** – Form MU2 must accompany Form MU1, the Uniform Mortgage Lender/Mortgage Broker form. Each individual, identified as a *control person* for the *applicant* on Schedule A, must complete Form MU2. An *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction*-specific requirements.
9. **EMPLOYMENT REPRESENTATION** – The employment representation section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
10. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
11. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
12. **AMENDMENTS** – The *applicant* must update information about a *control person* as required in each applicable *jurisdiction* by submitting amendments using Form MU2 in addition to Schedule C of Form MU1. On Form MU2, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *control person*. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU2.

B. FILING INSTRUCTIONS

5. FORMAT

- A. Each individual identified as a *control person* on Schedules A or C must complete Form MU2. A fully completed Form MU2 for each *control person* is required to be submitted to each *jurisdiction* along with the *applicant's* initial Form MU1. Form MU2 accompanies Schedule C when reporting new *control person(s)*. The *applicant* should contact the appropriate *jurisdiction(s)* for additional specific filing requirements.
- B. Employment history, item 5: provide the full legal name of the company, beginning with your current employer.
- C. The Acknowledgment & Consent section must include notarized original manual signature.
- D. The Mortgage Lender/Mortgage Broker Employment Representation section must include original manual signature.
- E. Type all information.
- F. Use only the current version of Form MU2 or a reproduction of it.

6. ATTACHMENTS

- A. Enclose a pair of Fingerprint Cards if required by applicable *jurisdiction(s)* per item 2 of form MU2
 - B. *Jurisdiction(s)* will conduct additional background investigations (including personal credit and employment history) as appropriate for each *jurisdiction*.
 - C. Depending on the *jurisdiction*, individual(s) originating mortgage loans at the business may need to file a Form MU4. Please consult applicable *jurisdiction(s)* to verify the requirements there.
7. **FINANCIAL RESPONSIBILITY** – Consult each *jurisdiction* in which the *applicant* is applying to determine requirements for financial responsibility demonstrated by *control persons*. These may include the submission of personal credit reports, financial statements, surety bond(s), minimum net worth, or other requirements.
 8. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, etc.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form MU2

1. GENERAL

APPLICANT – The mortgage lender or mortgage broker applying on or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

CONTROL PERSON – An individual named on Form MU1 in Item 1A or in Schedules A, B or C, that directly or indirectly exercises *control* over the *applicant*.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

2. FOR THE PURPOSE OF ITEM 6

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

FORM MU2**CONTROL PERSONS INFORMATION
UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM**

Applicant full legal name: _____

Date of filing: _____ Effective Date: _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.APPLICATION ☐AMENDMENT ☐ (To amend, circle items being amended.)

1. Individual's identifying information:

A. Full last, first and middle names:

Last name _____ First name _____ Full middle name _____ Suffix _____

B. (1) Social Security Number: _____

(2) Gender: ☐ Male ☐ Female

C. (1) Date of Birth (MM/DD/YYYY) _____

(2) State/Province of Birth: _____ (3) Country of Birth: _____

D. List all other name(s) you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include for example, nicknames, aliases, and names used before/after marriage. (Use additional sheets as necessary).

1. Name _____ 2. Name _____ 3. Name _____ 4. Name _____

E. (For amendments only) If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation

Last name _____ First name _____ Full middle name _____ Suffix _____

F. Office of Employment address: (Do not use a P.O. Box)

☐ If this address is your private residence, check this box.

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

G. Current Residence address, if different:

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

H. Telephone Numbers and e-mail address:

Business phone _____ Fax line _____

Area Code _____ Telephone Number _____

Area Code _____ Telephone Number _____

Cell phone _____

Area Code _____ Telephone Number _____

e-mail address _____

CONTROL PERSON'S ACKNOWLEDGMENT & CONSENT:

I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. I authorize all my current and former employers, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination.

Date (MM/DD/YYYY) _____

Signature of Control Person _____

Signed or attested before me _____

Print Notary Public name _____

by _____

Print Control Person name _____

Notary seal here

on this _____ day of _____

Month _____

Year _____

at _____

State _____

County _____

Notary Public Signature _____

Notary Appointment Expires (MM/DD/YYYY) _____

MORTGAGE LENDER/MORTGAGE BROKER EMPLOYMENT REPRESENTATION

To the best of my knowledge and belief, the *control person* is currently bonded where required, and, at the time of approval, will be familiar with the statutes, regulations, and rules of the *jurisdiction(s)* with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the *control person* an opportunity to review the information contained herein and the *control person* has approved this information and signed the form.

Date (MM/DD/YYYY) _____

Name of Mortgage Lender/Mortgage Broker (company) _____

By: _____

Signature of authorized party _____

Print Name _____

Title _____

Acknowledgment & Consent and Employment Representation sections must always be completed in full with original, manual signatures and notarization. Affix notary stamp or seal where applicable.

Applicant full legal name: _____

Individual's full legal name: _____

2. Fingerprint Information filing representation:

☐ I represent that I am submitting, have submitted, or promptly will submit to the appropriate jurisdiction(s) two fingerprint cards as required.
Fingerprint Card Barcode(s):

☐ I am applying as a control person only in jurisdiction(s) that do not require me to submit fingerprint card(s).

3. Residential History: Starting with current address (item 1G), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-*financial services-related* activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is *financial services-related*; the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours/month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)

Details: _____

YES☐**NO**☐

6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.

Financial Disclosure		YES	NO
A. Within the past ten years:			
(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?		<input type="checkbox"/>	<input type="checkbox"/>
(2) based upon events that occurred while you exercised <i>control</i> over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?		<input type="checkbox"/>	<input type="checkbox"/>
B. Has a bonding company ever denied, paid out on, or revoked a bond for you?		<input type="checkbox"/>	<input type="checkbox"/>
C. Do you have any unsatisfied judgments or liens against you?		<input type="checkbox"/>	<input type="checkbox"/>

Individual's full legal name: _____

	YES	NO
Criminal Disclosure		
D. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
E. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with any <i>felony</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
F. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor involving: financial services</i> or a <i>financial services-related</i> business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
G. Based upon activities that occurred while you exercised <i>control</i> over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
(2) been <i>charged</i> with a <i>misdemeanor</i> specified in 6F(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Action Disclosure		
H. Has any State or federal regulatory agency or <i>foreign financial regulatory authority</i> ever:		
(1) <i>found</i> you to have made a false statement or omission or been dishonest, unfair or unethical?	<input type="checkbox"/>	<input type="checkbox"/>
(2) <i>found</i> you to have been <i>involved</i> in a violation of a <i>financial services-related</i> regulation(s) or statute(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(3) <i>found</i> you to have been a cause of a <i>financial services-related</i> business having its authorization to do business denied, suspended, revoked or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
(4) entered an <i>order</i> against you in connection with a <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(6) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by <i>order</i> , prevented you from associating with a <i>financial services-related</i> business or restricted your activities?	<input type="checkbox"/>	<input type="checkbox"/>
(7) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a <i>financial services-related</i> business?	<input type="checkbox"/>	<input type="checkbox"/>
(8) issued a final <i>order</i> based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
J. Are you now the subject of any regulatory <i>proceeding</i> that could result in a "yes" answer to any part of 6H or 6I?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Judicial Disclosure		
K. (1) Has any domestic or foreign court ever:		
(a) <i>enjoined</i> you in connection with any <i>financial services-related</i> activity?	<input type="checkbox"/>	<input type="checkbox"/>
(b) <i>found</i> that you were <i>involved</i> in a violation of any <i>financial services-related</i> statute(s) or regulation(s)?	<input type="checkbox"/>	<input type="checkbox"/>
(c) dismissed, pursuant to a settlement agreement, a <i>financial services-related</i> civil action brought against you by a State, federal, or <i>foreign financial regulatory authority</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are you named in any pending <i>financial services-related</i> civil action that could result in a "yes" answer to any part of 6K(1)?	<input type="checkbox"/>	<input type="checkbox"/>
Customer Arbitration/Civil Litigation Disclosure		
L. Have you ever been named as a respondent/defendant in a <i>financial services-related</i> consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	<input type="checkbox"/>	<input type="checkbox"/>
(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	<input type="checkbox"/>	<input type="checkbox"/>
(3) was settled for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Termination Disclosure		
M. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of:		
(1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
(2) fraud, dishonesty, theft, or the wrongful taking of property?	<input type="checkbox"/>	<input type="checkbox"/>